St. Peter’s Hospital, Neonatal Unit
Premedication for Neonatal Intubation

Premedication should be used for all elective intubations in all neonates regardless of gestation, postnatal age or birth weight

Write up the drugs in the ‘as required’ section of the drug chart for any baby who looks as though they may need intubation, and certainly for any baby who is already intubated.

Drug doses and order of administration

1. ATROPINE 15 MICROGRAMS/ kg given intravenously
   The vial contains 600 micrograms/ml
   Dilute 1 ml with 9ml normal saline to give 60micrograms /ml: take 0.25ml/kg

2. FENTANYL  2 MICROGRAMS / kg  given intravenously
   The vial contains 50 micrograms/ml. Add 1ml of this solution to 9 ml of 0.9% saline to make a solution of 5micrograms/ml. Give 2 micrograms/kg (or 0.4ml/kg) of the diluted solution.
   Give as a slow intravenous injection over 2 minutes while ventilating with bag and mask.
   (This may cause rigidity of the chest wall temporarily, but that will be counteracted by the suxamethonium)
   NB All controlled drugs must be written in letters and numbers.

3. SUXAMETHONIUM - 2 MILLIGRAMS / kg given intravenously
   The vial contains 100mg in 2ml solution.
   Add 2mls (100mg) to 8 mls of 0.9% saline to give 10mg/ml
   Give 2mg / kg (0.2ml/ kg) as a rapid bolus.
   - Flush the line with 0.5 mls of 0.45% saline after each injection.
   - Intubate within 30 - 120 seconds of giving suxamethonium.
   - If your attempt at intubation fails, and the baby is beginning to move, you may use for the next attempt a lower (half) dose of suxamethonium (1 mg / kg iv)
   - Do not repeat the doses of atropine and fentanyl.

References
- Whyte S et al Arch Dis Child Fetal Neonatal Ed 2000;82:F38-F41

Written by Dr Peter Martin and Dr Jean Bowyer, June 2004
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